

What to do for wax

What to do

- If the patient has a perforated ear drum (history of discharge from the ear), then syringing is dangerous. Refer to hospital.
- If there is no perforation, ear syringing will usually remove the wax. Take the following precautions:

How to syringe out an ear

- If wax is hard, put in some warm olive-oil drops every night for two or three nights first.
- Have a small basin with normal saline (1 teaspoon of salt to every half litre) at about blood temperature.
- Make sure the lighting is good.
- Oil the plunger of the syringe with liquid paraffin and make sure it slides easily.
- Towel up the patient well to prevent wetting his clothes, and put a kidney dish around his neck to catch the drips.
- Straighten out the canal by pulling on the pinna, and aim along the top of the ear canal. Then syringe out gently and repeatedly until all the wax is out.
- When the wax is out, inspect the drum with the auroscope. If no wax remains, dry the ear out with an orange stick and cotton wool.

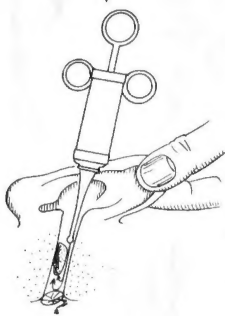


Figure 8.13 Syringing an ear

- If a proper ear syringe is not available, then a Higginson's syringe makes a very good substitute. It should have a fine nozzle on the end, such as a eustachian catheter. As with the ear syringe, it is important to make sure all air is expelled before syringing. A mixture of air and saline makes syringing very painful!

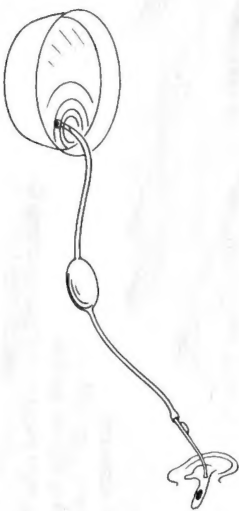


Figure 8.14 Higginson's syringe as an ear syringe.

Insects in the ear canal

- Kill these first by dropping in some 70% alcohol, then syringe out as above.

Acute otitis media

- This is a common condition—an inflammation involving the skin or mucosa lining the whole of the middle ear, mastoid air cells and eustachian tube. This is the tube that connects the middle ear to the back of the pharynx.

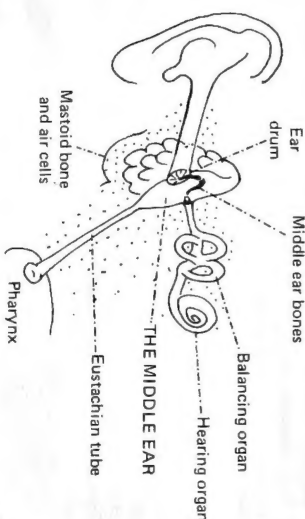


Figure 8.15 The middle ear and its connections

- It is caused by bacteria—usually haemolytic streptococci or pneumococci, but sometimes *Haemophilus influenzae*, staphylococci, or other organisms. The real underlying cause is often measles, inflammation involving the adenoids, or some other upper respiratory infection.
- The mucosa lining the middle ear and eustachian tube swells. Of course this soon blocks the eustachian tube, so abnormal pressures can form behind the ear drum. Early on the drum may get 'sucked in'. Later as secretions build up behind the drum and cannot escape down the eustachian tube, the drum bulges outwards. Soon pus forms behind the drum, which becomes red and inflamed.
- If treatment is not given, the pressure behind the drum gets so severe that the drum may give way at one point and discharge pus.
- A hole remains in the drum until the infection settles down. It often heals up later, but sometimes the hole remains, and pus continues to come out—a condition known as chronic suppurative otitis media (CSOM).
- During the time that pressure is building up behind the ear drum, some of the bone tissue or the mucosa in the mastoid air cells may become necrotic. Mastoiditis is thus an important complication of otitis media.
- Other important complications include meningitis, abscesses around the dura or even in the brain, deafness, facial paralysis, and thrombosis of the important venous sinuses around the brain.
- The child has pain. Earache may be so severe that the child screams. Very small children may be unable to explain where the pain is, but older children will say.
- There will also be deafness, but this is difficult to test for in small children.
- There will be fever—sometimes as high as 39.5°C.
- In severe cases there may be vomiting.
- There is, of course, pyrexia. THIS MAY BE THE ONLY SIGN.
- There may or may not be slight tenderness over the mastoid bone.
- The child may or may not be pulling at the ear or rubbing it.
- Pyrexia in a child means 'look at the ear drums', every time.

Acute otitis media